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Please type a plus sign (+) inside this box   H  Under the Paperwork Reduction Act of 1995, no persons are required	to respon	PTO/SB/05 (4/98)  Approved for use through 09/30/2000. OMB 0651-0032  Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE and to a collection of information unless it displays a valid OMB control number.					
UTILITY	Attorney Docket No. 12-1201						
PATENT APPLICATION	First Inventor or Application Identifier Mark Kintis						
TRANSMITTAL	Title S	See 1 in Addendum					
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Expres	ss Mail Label No. EF238909595US					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		Assistant Commissioner for Patents  ADDRESS TO: Box Patent Application  Washington, DC, 20231					
1. X * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		5. Microfiche Computer Program (Appendix)					
2. X Specification [Total Pages [16] (preferred arrangement set forth below)	] ]	Nucleotide and/or Amino Acid Sequence Submission					
- Descriptive title of the Invention		a. Computer Readable Copy  b. Paper Copy (identical to computer copy)					
<ul> <li>Cross References to Related Applications</li> <li>Statement Regarding Fed sponsored R &amp; D</li> </ul>		b. Paper Copy (identical to computer copy)					
- Reference to Microfiche Appendix		c. Statement verifying identity of above copies					
- Background of the Invention		ACCOMPANYING APPLICATION PARTS					
- Brief Summary of the Invention		7 V Assignment Bonoro (cover cheet 8 decument(s))					
- Brief Description of the Drawings (if filed) - Detailed Description		8. X 37 C.F.R.§3.73(b) Statement X Power of Attorney					
- Claim(s) - Abstract of the Disclosure		9. English Translation Document (if applicable)					
3. X Drawing(s) (35 U.S.C. 113) [Total Sheets 2	]1	10. X Information Disclosure X Copies of IDS Statement (IDS)/PTO-1449 X Citations					
4. Oath or Declaration [Total Pages 2	] ]	11. Preliminary Amendment					
a. X Newly executed (original or copy)	_	12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
b. Copy from a prior application (37 C.F.R. §	1.63(d))	* Small Entity Statement filed in prior and live time					
DELETION OF INVENTOR(S)	4/	13. Statement(s) Statement filed in prior application Status still proper and desired					
" Signed statement attached deletii inventor(s) named in the prior applic		14. Certified Copy of Priority Document(s) (if foreign priority is claimed)					
see 37 C.F.R. §§ 1.63(d)(2) and 1.3		15. Other:					
* <u>NOTE FOR ITEMS 1 &amp; 13</u> IN ORDER TO BE ENTITLED TO PAY SMALL FEES, A SMALL ENTITY STATEMENTIS REQUIRED (37 C.F.R. § 1.27), EX	ENTITY CEPT						
LIF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. §	1.28).						
16. If a CONTINUING APPLICATION, check appropriate box							
Continuation Divisional Continuation-in  Prior application information: Examiner	. ,	Group / Art Unit					
For CONTINUATION or DIVISIONAL APPS only: The entire disciunder Box 4b, is considered a part of the disclosure of the account	mnanvin	the prior application, from which an oath or declaration is supplied					
reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  17. CORRESPONDENCE ADDRESS							
X Customer Number or Bar Code Labe I	30050						
Name							
Address							
City Sta  Country Telephone		Zip Code					
		Fax					
Name (Pnnt/Type) Noel F. Heal Signature		Registration No. (Attorney/Agent) 26,074					
Signature I had at 100		Data 6/02/00					

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## Attachment to PTO/SB/05 (4/98) Utility Patent Application Transmittal

1. PHASE MODULATION POWER SPREADING USED TO REDUCE RF OR MICROWAVE TRANSMITTER OUTPUT POWER SPUR LEVELS

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FEE TRANSMITTAL	Complete if Known			
	Application Number			
for FY 2000	Filing Date	August 28, 2001		
Patent fees are subject to annual revision.	First Named Inventor	Mark Kintis		
mall Entity payments <u>must</u> be supported by a small entity statement, therwise large entity fees must be paid. See Forms PTO/SB/09-12.	Examiner Name	Unassigned		
See 37 C.F.R. §§ 1.27 and 1.28.	Group / Art Unit	N/A		
TOTAL AMOUNT OF PAYMENT (\$)1,046.00	Attorney Docket No.	12-1201		

The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:   Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:   Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:   Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:   Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner is hereby authorized to charge in the filing fee or oath   Commissioner	METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
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Check	2. Payment Enclosed:	112	920*	112	920*	Examiner action 0.51K prior to 0.00	)0
1. BASIC FILING FEE	Check Money Other	113	1,840*	113	1,840		00
116   380   216   180   218   218   228   225   228   225   228   225   228   225   228   225   228	FEE CALCULATION	115	110	215	55	Extension for reply within first month 0.	.00
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101 690    201 345    Utility filing fee	Fee Fee Fee Fee Description	118	1,360	218	680	Extension for reply within fourth month 0.	00
106 310	404 COO COA 245	128	1,850	228	925	Extension for reply within fifth month 0.	00
107   480   207   240   Plant filing fee   120   300   220   150   Filing a brief in support of an appeal   0.00   0.00	710.00	119	300	219	150	···	$\rightarrow$
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114 150 214 75 Provisional filing fee SUBTOTAL (1) (\$) 710.00  2. EXTRA CLAIM FEES  Extra Claims Total Claims 3220** = 12		121	260	221	130		
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**or number previously paid, if greater, For Reissues, see below Large Entity Small Entity Fee Code (\$) Code (\$)  103 18 203 9 Claims in excess of 20  102 78 202 39 Independent claims in excess of 3  104 260 204 130 Multiple dependent claim, if not paid 109 78 209 39 ** Reissue independent claims over original patent  100 18 210 9 ** Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$) 296.00  *Reduced by Basic Filing Fee Paid  SUBMITTED BY  Conspict (if applicable)  126 240 126 240 Submission of Information Disclosure Stmt  8 240 0.00  126 240 126 240 Submission of Information Disclosure Stmt  9 0.00  126 240 126 240 Submission of Information Disclosure Stmt  9 0.00  140 690 246 345 Filing a submission after final rejection (37 CFR § 1.129(a))  149 690 249 345 For each additional invention to be examined (37 CFR § 1.129(b))  149 690 249 345 For each additional invention to be examined (37 CFR § 1.129(b))  149 690 249 345 For each additional invention to be examined (37 CFR § 1.129(b))  150 0.00  160 0.00  170	Claims	į				Petitions to the Commissioner 0.	.00
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102   78   202   39   Independent claims in excess of 3   104   260   204   130   Multiple dependent claim, if not paid   109   78   209   39   ** Reissue independent claims over original patent   110   18   210   9   ** Reissue claims in excess of 20 and over original patent   SUBTOTAL (2)   (\$) 296.00   *Reduced by Basic Filing Fee Paid   SUBTOTAL (3)   (\$) 40.00      SUBMITTED BY     Noel F. Heal     Registration No. (Attorney/Agent)   26,074   Telephone   310-812-4910     310-812-4910     149   690   249   345   For each additional invention to be examined (37 CFR § 1.129(b))   0.00   0.00     0.00     0.00     0.00     0.00     0.00     0.00     0.00     0.00     0.00     0.00     0.00     0.00     0.00   0.00     0.00   0.00   0.00   0.00   0.00     0.00		146	690	246	345	70.0	00
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and over original patent  SUBTOTAL (2) (\$) 296.00  Reduced by Basic Filing Fee Paid  SUBTOTAL (3) (\$) 40.00  SUBMITTED BY  Registration No. (Altorney/Agent)		Other	fee (sp	ecify)		0.0	00
SUBMITTED BY  Name (Pnnt/Type) Noel F. Heal  Registration No. (Attorney/Agent) 26,074  Telephone 310-812-4910		Other	ner fee (specify)			0.0	00
SUBMITTED BY  Name (Pnnt/Type) Noel F. Heal  Registration No. (Attorney/Agent) 26,074  Telephone 310-812-4910	SUBTOTAL (2) (\$) 296.00	(2) (\$) 296.00 Reduced by Basic Filing Fee Paid SUBTOTAL (				Fee Paid SUBTOTAL (3) (\$) 40.00	
Name (Print/Type) Noel F. Heal Registration No. (Attorney/Agent) 26,074 Telephone 310-812-4910							
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